OSAH FORM 1
(REPLACES DFCS FORM 166)

This form is available online at http://www.ganet.org/osah/form.html or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY	CASE CODE	DOCKET NUMBER	COUNTY	JUDGE
	DFCS	FSP			

USE ONLY FOR THE FOOD STAMP PROGRAM (FSP)

Check One: ☐ Denial of Application ☐ Case Closure ☐ Reduction in Benefits ☐ Disputed Benefit Amount
☐ Agency Inaction ☐ Failure to act within reasonable time for benefit change ☐ Denial of Expedited Services
☐ Denial of opportunity to apply for benefits ☐ Other: _____

CLAIMANT'S COUNTY OF RESIDENCE: _____

Date Notice of Adverse Action Issued: _____ **REGULATION(S) APPLIED: ESSM Manual Chapter(s)** _____

Date of Hearing Request: _____ **Section(s)** _____

Date DFCS Received Claimant's Request for Hearing: ☐**Oral on** _____ ☐**Written on** _____

DFCS Case Number: _____ **BENEFIT CONTINUED PENDING APPEAL:** ☐**YES** ☐ **NO**

CLAIMANT

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	DOES THE CLAIMANT UNDERSTAND ENGLIGH? ☐YES ☐ NO IF NOT, SPECIFY LANGUAGE:	IS CLAIMANT APPEALING OTHER PUBLIC ASSISTANCE MATTERS THAT SHOULD BE CONSOLIDATED FOR HEARING WITH THIS CASE? ☐YES, (IF YES, PLEASE CHECK) ☐ TANF☐CAPS ☐MEDICAID ☐ **NO**
ATTORNEY NAME:	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE:	GEORGIA BAR #:	EMAIL
PERSONAL REPRESENTATIVE NAME. PARALEGALS MAY BE A REPRESENTATIVE.	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	RELATIONSHIP TO CLAIMANT:	EMAIL:

LOCAL DFCS OFFICE

NAME OF OFFICE:	OFFICE TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE:	CASEWORKER'S NAME: EMAIL:	CASE WORKER'S DIRECT TELEPHONE NUMBER:
	SUPERVISOR'S NAME: EMAIL	SUPERVISOR'S DIRECT TELEPHONE NUMBER:

INDICATE DOCUMENTS ATTACHED:

☐ Copies of ESSM Procedures Utilized
☐ Notice of Action Issued, either a copy of summary determination of the contents of the notice
☐ Budgets utilized, if applicable
☐ Claimant's written Hearing Request
☐ Other – please specify document: _____